APPLICATION FOR BUSINESS LICENSE

VINSUARO	
Date Application Filled Out:	
Business Name:	
Business Phone No.:	Business Fax No
Business Address:	
Mailing Address (If different than above):	
Owner's Name:	Home Phone Number:
Home Address:	x^{3}
Manager's Name: If different from Owner)	•
State Sales Tax No:	Federal I.D. #
Type of Business:	
No. Of Employees (Approx):Normal Workin	
TYPE OF BUSINESS	•
HOME BASED OCCUPATIONS INDUSTRIAL MANUFACTURING & DISTRIBUTION RESTAURANT/FOOD RELATED RETAIL SERVICE RELATED TRANSIENT/ITINERANT MERCHANTS (30 day maximum) TRANSFER OF LICENSE (To new owner or new location) DUPLICATE LICENSE	\$25.00 \$250.00 ** \$190.00 \$215.00 \$75.00 \$ 75.00 \$10.00
** These businesses are prone to an increased amount of EMS and issues.	Fire Services in addition to building inspections for safety
Please check the following that apply to your Business:	
New BusinessPartnershipNew Location	Corporation Renewal/Year
I understand that Business shall not commence at this locatineeded: inspections by the Jown Building Official, Fire O completed and the building approved by these officials for business.	fficials, and the County Sealth Officials, must first b ness activities.
Business Owner's Signature	Date

^{**} Please remit application along with the appropriate fee to: Vineyard Town; Att: Town Clerk, 240 East Gammon Rd., Vineyard UT 84058. Businesses applying for license renewal need to remit fee prior to January 1, of the year business license is to be issued, in order to avoid a late fee double the amount of the original assessment. Thank you. **